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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/911,741	07/25/2001	Kouji Tometsuka	TOME300/EM/7026

23364
BACON & THOMAS, PLLC
625 SLATERS LANE
FOURTH FLOOR
ALEXANDRIA, VA 22314

CONFIRMATION NO. 5599

FORMALITIES LETTER



OC00000006512264

Date Mailed: 09/04/2001

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 130.**

*A copy of this notice **MUST** be returned with the reply.*

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Sector 4
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: KOUJI TOMETSUKA

SERIAL NO.: 09/911,741

FILED: July 25, 2001

FOR: Substrate Processing Apparatus And Method

GROUP ART UNIT: 2812

EXAMINER: Unassigned

ATTY. REFERENCE: TOME3001/EM/7026

THE COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

The below identified communication(s) or document(s) is(are) submitted in the above application or proceeding:

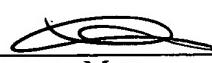
- | | |
|--|---|
| <input type="checkbox"/> Declaration | <input type="checkbox"/> Issue Fee Transmittal |
| <input type="checkbox"/> Priority Document | <input checked="" type="checkbox"/> Check in the Amount of <u>\$170.00</u> |
| <input type="checkbox"/> Formal Drawings | <input checked="" type="checkbox"/> Notice to File Missing Parts w/original |
| <input checked="" type="checkbox"/> Supplemental Information | Specification and executed Declaration |
| Disclosure Statement with corrected
Form-1449 | <input checked="" type="checkbox"/> Assignment Cover Sheet, Assignment and \$40 Fee |

Please debit or credit Deposit Account Number 02-0200 for any deficiency or surplus in connection with this communication. A duplicate copy of this sheet is provided for use by the Deposit Account Branch.

BACON & THOMAS, PLLC
625 SLATERS LANE - FOURTH FLOOR
ALEXANDRIA, VIRGINIA 22314
(703) 683-0500

DATE: September 26, 2001

Respectfully submitted,


Eugene Mar
Attorney for Applicant
Registration Number: 25,893